



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU  
QUALITY ASSURANCE/MEDI-CAL CERTIFICATION SECTION**

**MEDI-CAL RE-CERTIFICATION CHECKLIST FOR COUNTY OWNED AND DIRECTLY OPERATED  
PROVIDERS**

**TABLE of CONTENTS for MHP MEDI-CAL RE-CERTIFICATION DOCUMENTS**

Page 1	<b>TABLE of CONTENTS for MEDI-CAL RE-CERTIFICATION</b>
Page 2	<b>GUIDE FOR PERTINENT INFORMATION</b>  <i>To be completed by provider prior to site visit and placed in the appropriate category (category 1 see page 3)</i>
Page 3	<b>DOCUMENTS for MEDI-CAL CERTIFICATION/RE-CERTIFICATION</b>  <i>To assist with the certification process, it is recommended that a binder with requested documents be placed in the categories shown. It is recommended that categories be separated with tabs/dividers.</i>  <i>Note: not all categories are applicable to all providers (Category 6)</i>
Page 4 & 5	<b>LAC-DMH POLICIES AND PROCEDURES RELATED TO MEDI-CAL RE-CERTIFICATION</b>  <i>To assist with the certification process, it is recommended that LAC-DMH Policies and Procedures be placed in a separate binder. Be sure that the latest version of LAC-DMH policies are provided.</i>
Page 6	<b>PHYSICAL PLANT INSPECTION CHECKLIST</b>  <i>List of items that will be checked during the walk-through by the LAC-DMH representative.</i>
Page 7	<b>ADDITIONAL INFORMATION/ RESOURCES</b>
Page 8	<b>STAFF ROSTER FORM</b> <i>(Use attached form)</i>  <u>Copy of Head of Service's Clinical License required.</u>

# COUNTY OWNED AND DIRECTLY OPERATED PROVIDER GUIDE FOR PERTINENT INFORMATION

Provider#:	
Provider Name:	
Address:	
Direct Phone #:	
Fax #:	
Email:	

Head of Service Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Fire Clearance Date: \_\_\_\_\_

Catchment Areas: \_\_\_\_\_

Days & Hours of Operations: \_\_\_\_\_

Source of Referrals: \_\_\_\_\_

Ethnicity of Population Served		Check & Indicate Languages Spoken by Bilingual Staff:
CAUCASIAN	%	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other(s):
HISPANIC	%	
AFRICAN AMERICAN	%	Estimate Age Range of Clients:
ASIAN	%	Estimate % of Medi-Cal Clients:
NATIVE AMERICAN	%	Estimate Client's Length of Specialty MHS :
OTHER	%	Monthly Estimate of Clients served face-to-face:
		Estimate Number of Open Cases:

<b><u>STAFF PATTERNS DISCIPLINE</u></b>	<b><u>TOTAL # FOR EACH DISCIPLINE</u></b>	<b><u>TOTAL FTEs FOR EACH DISCIPLINE</u></b>	<b><u>% of Field Time FOR EACH DISCIPLINE</u></b>
Psychiatrist			%
Licensed/ Waivered Psychologist			%
Physician			%
RN			%
NP			%
LCSW			%
ASW			%
MFT			%
MFT- Intern			%
LPT			%
LVN			%
*Certified Rehabilitation Professionals			%
MH Rehabilitation Specialist			%
Others			%

**List the name(s), address(es), phone number(s) and hours of operation of School-Based Programs (use additional sheet if necessary): Provide a copy of the MOU**

**Complete a separate GUIDE FOR PERTINENT INFORMATION form for the following:  
Satellite Site**

\*Occupational Therapist; Recreation Therapist; Music Therapist; Art Therapist; Dance Therapist; Movement Therapist.

## DOCUMENTS FOR MEDI – CAL RE-CERTIFICATION

**Please be prepared to provide copies of documents upon request**

<b>Category 1: GENERAL PROVIDER INFORMATION, BROCHURES &amp; NOTICES</b> (provide a copy in the following order)
1). Guide For Pertinent Information   2). Brochure of Services   3). Provider's Mission Statement
<b>Category 2: FIRE CLEARANCE</b> (Place copy in this section )
Current fire clearance form signed by Fire Inspector (must document "Fire Clearance")
<b>Category 3: PHYSICAL PLANT</b> (place copy of disaster emergency procedure and evacuation diagram)
<b>Category 4: POLICIES AND PROCEDURES</b>
<b>4 A) HIPAA Policies and Chart Room Files &amp; Key Control Policy</b> (Provide a policy and procedure delineating how & who has access to client charts). For field services, include a procedure for transportation of charts (if applicable) and a blank copy of a chart log sheet. If on an electronic chart system, provide a description of how it operates and safeguarding of PHI information. <b>Please have an extra copy for DMH staff to take.</b>
<b>4 B) Personnel Policies &amp; Procedures:</b> Please provide DMH Employee handbook Policy 112.04 & 112.05
<b>4 C) General Operating Procedures</b> (Program description, admission, discharge & referral procedure). Description should include how, when, what and by whom are services provided from the time of admission to discharge. For field services, include a detailed summary of how patient rights materials are offered/ given to clients. <b>Please have an extra copy for DMH staff to take.</b>
<b>4 D) Janitorial/Building Maintenance:</b> Written procedure with contact information (person to be notified, phone number, e-mail, etc.) should any type of building maintenance be needed, i.e., plumbing, electrical, etc. include a blank work order if applicable. <b>Please have an extra copy for DMH staff to take.</b>
<b>4 E) Written <u>site-specific</u> Service Delivery Policies:</b> Provide a detailed description of how services ( <i>those that are applicable to the provider- <b>clinic and or field based</b></i> ) are delivered. This is the core of the re-certification/ certification. <i>Please be as detailed as possible---</i> Targeted Case Management; Mental Health Services-Individual-Group-Collateral; Psychological Testing; Crisis Intervention; Medication Support Services; Therapeutic Behavioral Services. <b><u>Pls. refer to DMH Policy 200.01 as a guide but not to be used as site specific service delivery policy.</u></b>
<b>4 F) Provide DMH Policy 202.23 in this section.</b>
<b>4 G) Physician Availability:</b> Written procedures for referring individuals to a <b>psychiatrist</b> when necessary, or to a <b>physician</b> if a psychiatrist is not available during & after business hours; include name & coverage hours of MD on & off site. Referral procedure for <b>medical/physical</b> conditions (include a medical referral list closest to provider's service area).
<b>Category 5: HEAD OF SERVICE (HOS):</b> Provide copy of current clinical license
<b>5 A) Staffing:</b> Provide a staff roster for each program if applicable. (Use attached form)
<b>Category 7: MEDICATION SUPPORT SERVICES</b> (Only if medications are stored and/or dispensed). Include information for handling 'samples' expired or discarded medications & medication room key control. <b>Refer to DMH Policy 103.02 as a guide if needed.</b>

# **LIST OF LAC-DMH POLICIES**

Provide the below LAC-DMH Policies in a separate binder

## **1. Records and Confidentiality of Client Records:**

- ☐ 104.01 Legal Responsibility for Uniform Clinical Records (5/1/91)
- ☐ 104.02 Security & Integrity of Management Information System (10/1/89)
- ☐ 104.04 Providing Notification & Patient Information to Family Members (10/1/89)
- ☐ 104.05 Closing of Services Episodes (8/22/11)
- ☐ 104.06 Access to Public Records (10/1/89)
- ☐ 104.08 Clinical Record Maintenance, Organization, and Contents (10/16/12)
- ☐ 104.09 Clinical Documentation: Medi-Cal & Other Non-Medi-Cal/Medicare Payor Sources (9/1/04)
- ☐ 104.10 Clinical Documentation: Medicare (9/1/04)

## **2. Personnel Policies:**

- ☐ 101.01 Disaster/Emergency Response Program (5/15/05)
- ☐ 106.01 Continuing Education (10/1/89)
- ☐ 106.02 Inservice Training (10/2/89)
- ☐ 106.08 Clinical, Rehabilitative and Case Management Service Delivery Supervision (8/1/96)

## **3. Compliance**

- ☐ 112.01 Compliance Program Communication (12/3/12)
- ☐ 112.02 Compliance Program: Code of Organizational Conduct, Ethics and Compliance (12/3/12)
- ☐ 112.03 Reporting Defalcations, Embezzlements or Misappropriations of County Monies or Resources (8/1/04)
- ☐ 112.04 Employees Ability to Provide Goods & Services Under Federally Funded Health Care Programs (11/28/12)
- ☐ 112.05 Contractors Eligibility to provide Goods and Services to Federally Funded Health Care Programs and to Secure Federally Funded Contracts (3/8/2012)
- ☐ 112.06 Fraud, Waste & Abuse Prevention (1/1/07)
- ☐ 112.07 The False Claims Act & Related Laws (11/10/11)
- ☐ 112.10 Graded Sanctions (12/31/2012)
- ☐ 112.13 Removing Names of Sanctioned Individuals from the Rendering Provider List (8/1/11)
- ☐ 112.16 Compliance Training for LAC-DMH Workforce (12/6/12)
- ☐ 112.19 Reporting Possible Criminal Activity (5/1/08)
- ☐ 112.21 National Provider Identifier (NPI) Requirements (9/1/08)
- ☐ 112.22 Updating & Maintaining National Provider Identifier (NPI) Application Data (6/1/08)

## **4. General Operating Procedures:**

- ☐ 600.05 Employment Practices Regarding the Handicapped (10/1/89)
- ☐ 600.06 Nepotism (10/1/89)
- ☐ 600.07 Medical Examinations (10/1/89)
- ☐ 600.08 Professional Licenses (12/1/03)
- ☐ 601.01 Voluntary Demotions (10/1/89)
- ☐ 601.02 Reinstatements & Restorations (10/1/89)

## **List of LAC- DMH Policies (Continued)**

- ☐ 601.03 Terminations (10/26/11)
- ☐ 601.04 Transfers (9/15/10)
- ☐ 602.01 Bilingual Bonus (4/21/11)
- ☐ 603.01 Hours of Operation & Work Schedules (10/1/89)
- ☐ 603.02 Attendance (11/1/2012)
- ☐ 603.04 Overtime (9/19/12)
- ☐ 603.05 Vacation Scheduling (10/1/89)
- ☐ 604.01 Educational Leave (Without Pay) (10/1/89)
- ☐ 604.02 Military Leave (10/1/89)
- ☐ 604.04 Pregnancy Leave (10/1/89)
- ☐ 604.05 Leaves of Absence for Personal Reasons (Without Pay) (10/1/89)
- ☐ 604.07 Bereavement Leave (2/1/98)
- ☐ 605.01 Discipline (4/1/02)
- ☐ 605.02 Harassment Policy (5/25/10)
- ☐ 605.03 Suspected Criminal Activity Including Employee Theft & Misappropriation of Funds (10/1/89)
- ☐ 605.04 Violence & Threats of Violence by DMH Employees (2/1/99)
- ☐ 605.05 Disclosure of Criminal Convictions (3/5/2012)
- ☐ 605.06 Employees' Cooperation in the Administrative Investigative Process (11/20/12)
- ☐ 606.01 Performance Evaluations (5/3/11)
- ☐ 606.02 Probationary Reports (9/15/2010)
- ☐ 607.01 Procedure for Handling Employee Grievances (10/1/89)
- ☐ 608.01 Outside Employment (11/1/05)
- ☐ 608.02 Conflict of Interest (3/1/03)
- ☐ 608.03 Solicitation (9/1/01)
- ☐ 609.01 Employee Information (4/6/10)
- ☐ 609.02 Employee Records (4/7/10)
- ☐ 609.05 Employee Training: Minimum Standards (1/1/05)
- ☐ 610.01 Personnel Policies In the Event of a Disaster Requiring Action Under DMH Disaster Response Plan (10/1/89)

### **5. Service Delivery Policies:**

- ☐ 100.02 Referrals to Private, Non-Contracted Mental Health Service Providers/Practitioners (3/1/03)
- ☐ 100.03 Required Distribution of "Professional Therapy Never Includes Sex" (10/1/05)
- ☐ 200.01 Service Delivery Definition Policy (10/15/02)
- ☐ 200.02 Request For Change Of Provider (6/3/10)
- ☐ 200.03 Advanced Health Care Directives (6/1/04)
- ☐ 200.04 Requirements for Registered Nurses in order to conduct a Psychiatric Diagnostic Interview (9/15/13)
- ☐ 202.01 Crisis Emergency Evaluation of Outpatient Mental Health Facility (8/15/01)
- ☐ 202.02 Duty to Warn & Protect Third Parties in Response to a Client Threat (Tarasoff Decision) (6/1/05)
- ☐ 202.03 Persons Authorized to Initiate Involuntary Lanterman-Petris-Short (LPS) Detention (11/1/11)

## **List of LAC- DMH Policies (Continued)**

- ☐ 202.08 Reporting Suspected Child Abuse and Neglect (3/8/12)
- ☐ 202.09 Reporting Suspected Elder/Dependent Adult Abuse (10/1/03)
- ☐ 202.14 Management of Aggressive Client Behavior in Settings without LPS Designation (8/2/12)
- ☐ 202.17 Hearing Impaired Mental Health Access (4/7/10)
- ☐ 202.18 Reporting Clinical Incidents Involving Intentional Injuries, Deaths, Alleged Client Abuse and Possible Malpractice (5/25/10) (Clinical Incident Event Notification Attachment (rev. 8/5/11))
- ☐ 202.21 Language Interpreters (8/1/04)
- ☐ 202.23 Reporting Unusual Occurrences to the State Department of Mental Health (5/1/01)
- ☐ 202.26 Confidentiality (1/1/03)
- ☐ 202.27 Provision of Off-Site Mental Health Services (12/10/2012)
- ☐ 202.28 Recovery Model (2/1/05)
- ☐ 202.29 Beneficiary Problem Resolution Process (9/1/04)
- ☐ 202.31 Roles and Responsibilities in the Care of Clients (6/10/11)
- ☐ 202.38 Non-Open Protected Health Information (PHI) File (10/8/10)
- ☐ 202.39 Clinical Correspondence Concerning Clients (10/15/10)
- ☐ 202.40 Triage (10/15/10)
- ☐ 202.41 Client Identification and Address Verification (10/11/11)
- ☐ 202.42 Integration of Spiritual Interests of Clients in the Provision of Mental Health Services And Support (7/13/12)
- ☐ 308.1 Security/Safety Management/Violence Prevention (2/1/99)
- ☐ 401.10 Mental Health Plan Claim Certification (6/1/05)

### **DMH's HIPAA (Health Insurance Portability Accountability Act) Policies:**

- ☐ 500.1 Use & Disclosure of PHI Requiring Authorization (12/15/03)
- ☐ 500.2 Use and Disclosure of PHI without Authorization (4/14/03)
- ☐ 500.3 Clients Right to Access PHI (4/14/03)
- ☐ 500.4 Privacy Practices Notices (2/15/06)
- ☐ 500.5 Designated Record Set (4/14/03)
- ☐ 500.6 Accounting of Disclosures of PHI (4/14/03)
- ☐ 500.7 Minimum Necessary Requirements for Using and Disclosing PHI (12/15/03)
- ☐ 500.8 De-Identification of PHI and Use of Limited Data Sets (4/14/03)
- ☐ 500.9 Use and Disclosure of PHI for Research (4/14/03)
- ☐ 500.10 Amendment of Privacy Practices and Policies (4/14/03)
- ☐ 500.11 HIPAA PRIVACY COMPLAINTS (8/1/04)
- ☐ 500.12 HIPAA Privacy Training (4/14/03)
- ☐ 500.13 Client Rights to Request Confidential Communication of PHI (4/14/03)
- ☐ 500.14 Verification of Individuals Requesting PHI (4/14/03)
- ☐ 500.15 Incidental Use or Disclosure (4/14/03)
- ☐ 500.16 Prohibiting Offer of Treatment on the Condition of Waiver of Rights Under HIPAA (4/14/03)
- ☐ 500.17 Mitigation of Harm (4/14/03)
- ☐ 500.18 Refraining from Retaliatory or Intimidating Acts against Individuals that Assert Rights under HIPAA (4/14/03)

## **List of LAC- DMH Policies (Continued)**

- ☐ 500.19 Privacy Sanctions (5/1/06)
- ☐ 500.20 HIPAA Business Associates (4/14/03)
- ☐ 500.21 Safeguards for PHI (4/14/03)
- ☐ 500.22 Client Rights to Amend Mental Health Information (4/14/03)
- ☐ 500.23 Client Right to Request Restrictions to Use and Disclosure (4/14/03)
- ☐ 500.24 Whistleblowers (04/14/03)
- ☐ 500.25 Client Right to Agree or Subject to Use and Disclosure of PHI (04/14/03)
- ☐ 500.26 Use or Disclosure of PHI of Deceased Clients, Minors & to Personal Representatives (4/14/03)
- ☐ 500.27 Interdepartmental Memorandum of Understanding (4/14/03)
- ☐ 500.28 Responding to Breach of Protected Health Information (5/3/11)
- ☐ 500.49 Appropriate Use of Email for Transmitting PHI and/or Confidential Data (8/15/12)

### **Pharmaceutical Services:**

- ☐ 103.01 Standards for Prescribing and Furnishing Psychoactive Medications (2/28/11)
- ☐ 103.2 Storing, Administering, and Accountability of Medications (02/15/06)
- ☐ 103.4 Prescribed Drugs (3/1/03)
- ☐ 103.5 Pharmaceutical Sales Representatives (1/1/03)
- ☐ 103.6 Assisting Clients in Applying for Patient Assistance Programs (PAPs) (8/15/04)
- ☐ 103.7 Reporting Prescription Forgery, Suspected Lost or Stolen Controlled Substances or Prescription Forms and Illegal Use of DEA Numbers (8/22/11)

## PHYSICAL PLANT INSPECTION CHECKLIST

All of the following items must be *available* in a designated location to view (Head of Service information, patient rights poster etc.), review (Resource directory, directory of providers etc.), and take (pamphlets, grievance forms, change of provider forms, guide to Medi-Cal services booklets etc.) without having to ask a provider staff member:

- ☐ Posted Head of Service sign with name, phone number and agency hours of operation.
- ☐ The LAC-DMH LOCAL MENTAL HEALTH PLAN poster (new version with **12** languages)
- ☐ ADA [Americans with Disabilities Act] notice (Federal mandate compliance)
- ☐ Emergency Disaster Evacuation diagram indicating location of First Aid Kit(s) & fire extinguishers.
- ☐ Suggestion box with paper and pencil available for consumers.
- ★☐ DMH Directory of Providers (must be in lobby area and accessible to clients).
- ★☐ Mental Health Consumer Resource Directory.

**Provide LAC-DMH-Patients' Rights informing materials in the agency's threshold languages only.**

- ★☐ GUIDE TO Medi-Cal Mental Health Services booklets.
- ★☐ GRIEVANCE & APPEAL PROCEDURES A CONSUMER'S GUIDE Pamphlet.
- ★☐ BENEFICIARY/CLIENT GRIEVANCE OR APPEAL AND AUTHORIZATION FORM.
- ★☐ Self-addressed envelopes to LAC-DMH Patients' Rights Office.
- ★☐ Copies of REQUEST FOR CHANGE OF PROVIDER (DMH Policy 200.2 - Attachment I).
- ★ **Field based providers must have a workable procedure to offer the above items/information to clients**

### **General Safety & Security Procedures:**

- ☐ Safety, security and confidentiality of Medical Records (electronic/ hard copies).
- ☐ Method for disposal and transportation of confidential files (paper shredder/ bin/ locked box).
- ☐ Agency (facility) is clean, sanitary and in good repair (e.g., no frayed electrical cords, no dangling/missing ceiling tiles, no holes in carpet/walls, no uneven flooring, no leaks in bathroom plumbing/hot & cold water, etc.). In children areas, all electrical outlets are covered.
- ☐ Agency's parking lot, building entrance & bathroom is wheelchair accessible.
- ☐ All offices/rooms are free from clutter.
- ☐ Fire Extinguisher(s) tags are present and up to date.
- ☐ First Aid Kits -(if available, ***not required***).
- ☐ **Consumers'** storage area/refrigerator for food items must have a thermostat with temperature log (**if applicable**).

### **Medication Room (if applicable)**

- ☐ Medication key accessible only to authorized medical personnel.
- ☐ A copy of provider's site-specific and LAC-DMH medication policies & procedures must be kept in the medication room.
- ☐ Internal/external use-only medications are stored separately.
- ☐ All medications are clearly labeled and stored in a locked area accessible to *authorized medical personnel only*.
- ☐ Opened injectable multi-dose vials must be clearly dated and initialed.
- ☐ Refrigerator temperature is between 36°- 46°F with daily temperature documented on log.
- ☐ Ambient temperature in Medication Room is between 59°- 86°F with daily temperature documented on log.
- ☐ Follow pharmaceutical samples procedures as per LAC-DMH policy #103.02.
- ☐ Logs documenting administered/dispensed medications to clients.
- ☐ Logs documenting disposed/expired/contaminated/unused medications and method of disposal.



**MEDI – CAL RE-CERTIFICATION  
POSTED BROCHURES & NOTICES**

**Field based providers must have a workable procedure to offer the below items/information to clients.**

Designate one specific location in clients' waiting area to display informing material listed below in English including agency's threshold languages for targeted population served:

- The LAC-DMH Local Mental Health Plan Poster (newest version: 12 threshold languages)
- Guide to Medi-Cal Mental Health Services Booklet (MH630)
- Grievance & Appeal Procedures A Consumer's Guide Pamphlet (MH638)
- Beneficiary/Client Grievance or Appeal and Authorization Form (MH558)
- Self-addressed envelopes to LAC-DMH Patients' Rights Office
- Mental Health Client Resource Directory (June 2012)
- Provider Directory by Service Areas <http://psbqi.dmh.lacounty.gov/data.htm>
- Request for Change of Provider forms (see LAC-DMH Policy 200.02 - attachment I)

**For the above materials go to:**

[http://dmh.lacounty.gov/wps/portal/dmh/admin\\_tools/admin\\_info?1dmy&page=dept.lac.dmh.home.admin\\_tools.admin\\_detail.hidden&urile=wcm%3apath%3a/dmh+content/dmh+site/home/administrative+tools/administrative+tools+detail/patients\\_rights\\_office](http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/admin_info?1dmy&page=dept.lac.dmh.home.admin_tools.admin_detail.hidden&urile=wcm%3apath%3a/dmh+content/dmh+site/home/administrative+tools/administrative+tools+detail/patients_rights_office)

**For further questions contact:** Patients' Rights Office – Beneficiary Program (213) 738-2524 or (213) 738-4949.

**Please note:**

All items must be available in a designated location for the Medi-Cal beneficiaries to review (Resource directory, directory of providers, etc.) and to take (pamphlets, grievance forms, change of provider forms, guide to Medi-Cal services booklets, etc.) without having to ask a provider staff member.

**POLICIES & PROCEDURES FOR CONTRACT PROVIDERS:**

To access Policies and Procedures online, go to DMH website  
<http://lacdmh.lacounty.gov/policy/Contractors/index.htm>

**For any questions please contact the Certification liaison or supervisor assigned to your service area:**

<b>SPA 1 :</b> Thang Nguyen, Sr. MHC-RN	(213) 251-6846	<b>Email:</b> <a href="mailto:tdnguyen@dmh.lacounty.gov">tdnguyen@dmh.lacounty.gov</a>
<b>SPA 2 :</b> Camille Do, LCSW	(213) 251-6526	<b>Email:</b> <a href="mailto:cdo@dmh.lacounty.gov">cdo@dmh.lacounty.gov</a>
<b>SPA 3&amp;4:</b> Elizabeth Townsend, MHC-RN	(213) 251-6820	<b>Email:</b> <a href="mailto:etownsend@dmh.lacounty.gov">etownsend@dmh.lacounty.gov</a>
<b>SPA 5&amp;6:</b> Elizabeth Pak, LCSW	(213) 251-6813	<b>Email:</b> <a href="mailto:epak@dmh.lacounty.gov">epak@dmh.lacounty.gov</a>
<b>SPA 7&amp;8:</b> Joel Solis, MHC-RN	(213) 251-6883	<b>Email:</b> <a href="mailto:jsolis@dmh.lacounty.gov">jsolis@dmh.lacounty.gov</a>

**Supervisors:**

<b>SPA 1,2,7&amp;8:</b> Thang Nguyen, Sr. MHC-RN	(213) 251-6846	<b>Email:</b> <a href="mailto:tdnguyen@dmh.lacounty.gov">tdnguyen@dmh.lacounty.gov</a>
<b>SPA 3,4,5&amp;6:</b> Elizabeth Pak, LCSW	(213) 251-6813	<b>Email:</b> <a href="mailto:epak@dmh.lacounty.gov">epak@dmh.lacounty.gov</a>

**Certification Program Head:**

Norma Cano, Psy.D.	(213) 251-6886	<b>Email:</b> <a href="mailto:ncano@dmh.lacounty.gov">ncano@dmh.lacounty.gov</a>
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**PFAR Mailbox:** [psbmccertification@dmh.lacounty.gov](mailto:psbmccertification@dmh.lacounty.gov)

**Certification Questions:** [qualityassurance@dmh.lacounty.gov](mailto:qualityassurance@dmh.lacounty.gov)

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Staff Roster

EMPLOYEE NAME	JOB TITLE	DISCIPLINE	<u>LICENSE/DEA # &amp; EXP DATE</u>	DEGREE	<u>DAYS &amp; HOURS WORK SCHEDULE</u>	NAME of SUPERVISOR & DISCIPLINE